

Case 3:09-cv-01777-JGC Document 1-3 Filed 07/30/09 Page 1 of 1
 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
 United States Marshal Service

JUDGE JAMES G. CARR

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Franklin E. Long

DEFENDANT

Assetcare Inc.

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Assetcare Inc. C/O CT Corporation System

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1201 Peachtree Street, NE, Atlanta, GA 30361

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Frank Long
 461 W Lytle St #130
 Postoria OH 44830

Number of process to be served with this Form 285

2

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

567-245-0079

DATE

7/28/09

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
 (Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin
 No. 60

District to Serve
 No. 60

Signature of Authorized USMS Deputy or Clerk

Stu G. Miller

Date

9/13/09

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

8/28/09

Signature of U.S. Marshal or Deputy

Stu G. Miller

Service Fee

0

Total Mileage Charges including endeavors

Forwarding Fee

Total Charges

0

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

REMARKS:

Cert. Mail * Address no good,

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
 Rev. 12/15/80
 Automated 01/00

| | |
|---|----|
| U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) | |
| For delivery information visit our website at www.usps.com | |
| OFFICIAL USE | |
| Postage | \$ |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage & Fees | \$ |
| Sent To <u>Assetcare, Inc.</u> Street, Apt. No., or PO Box No. <u>1201 Peachtree St., NE</u> City, State, ZIP+4 <u>Atlanta, GA 30361</u> | |
| PS Form 3800, August 2006 See Reverse for Instructions | |

 Postmark
 Here
 8/13/09

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|---|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| 1. Article Addressed to: <u>Assetcare, Inc.</u> <u>1201 Peachtree St., NE</u> <u>Atlanta, GA 30361</u> | | B. Received by (Printed Name) C. Date of Delivery | |
| 2. Article Number (Transfer from service label) <u>7008 1140 0004 0179 0949</u> | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| 3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| PS Form 3811, February 2004 | | Domestic Return Receipt 102595-02-M-1540 | |

3:09CV1777